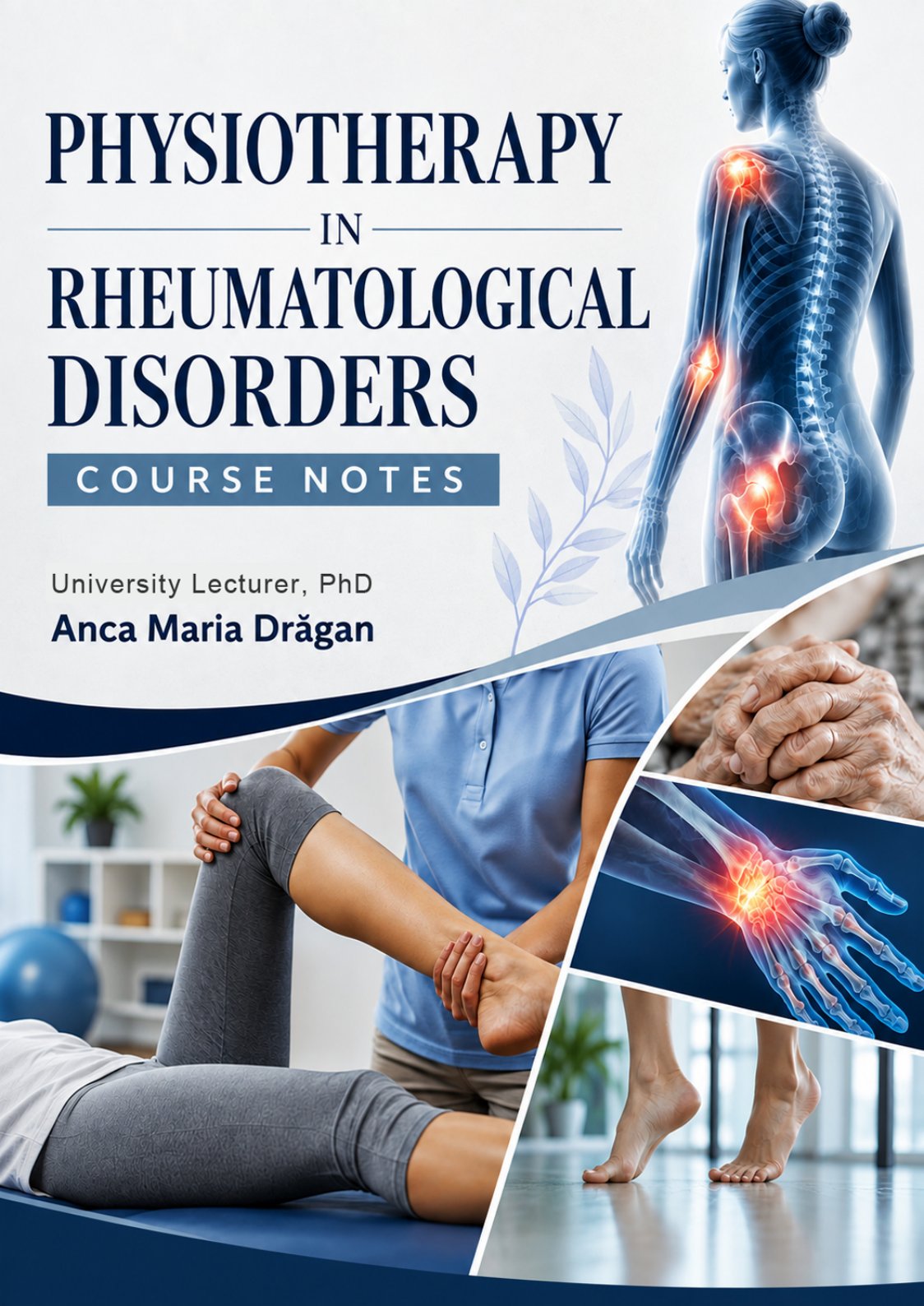


PHYSIOTHERAPY — IN — RHEUMATOLOGICAL DISORDERS

COURSE NOTES

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**Physiotherapy
in rheumatological disorders
course notes**

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course notes

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INTRODUCTION

Rheumatic diseases occupy an important place among the diseases that lead to morbidity due to their high frequency, their involvement in the patient's daily life, their influence on the social status and the socio-economic consequences resulting from the inability to work or the disabilities generated.

According to international studies, rheumatoid arthritis, as part of the Global Burden of Disease 2010 study, ranked 42nd in the ranking of diseases that cause functional disability. Also, according to the Findings from the 2019 Global Burden of Diseases Study and Forecasts for 2030 study, the global rate of rheumatoid arthritis has increased in recent decades and will continue to increase in the coming years, therefore, greater attention should be paid to early diagnosis and treatment to reduce it.

The therapeutic approach to these conditions thus requires special attention from all those involved in both the prevention and recovery of joint injuries and deformities and in functional recovery, and the intervention of the physiotherapist is imperative for the development of the recovery plan, the analysis of biomechanical disorders and the individualization of the applied kinetic plan.

Rheumatic diseases, also called inflammatory musculoskeletal diseases, have affected children, adolescents, young people and the elderly in recent years, dispelling the preconception that rheumatism is the prerogative of the elderly.

Factors that increase the risk of developing rheumatic diseases are: genetic factors, smoking, overweight, psycho-emotional factors, occupational factors and age.

Rheumatologic diseases are increasingly common among young people, affecting the joints, muscles, and bones. They present with symptoms such as persistent pain, morning stiffness, and fatigue, and include conditions such as juvenile

arthritis, ankylosing spondylitis, lupus, fibromyalgia, and acute rheumatic fever following streptococcal infections. Early diagnosis and appropriate treatment are essential to prevent long-term complications, social impact, and loss of work capacity, often requiring medication, physiotherapy, and proper lifestyle management.

Rheumatic diseases have a significant impact on the quality of life of patients, and if not treated properly, they affect daily activities: walking, climbing stairs, cooking, personal hygiene, with a profound effect on work capacity, being the most important cause of both prolonged sick leave and premature retirement, causing physical disability even among young patients. For this reason, in recent years increasing emphasis has been placed on prevention, and kinesioprophylaxis play a particularly important role in this approach.

CHAPTER 1

EVALUATION IN RHEUMATOLOGY/ PRINCIPLES AND OBJECTIVES IN PHYSIOTHERAPY



1.1 Evaluation in rheumatology

A precise understanding of the suffering experienced by the person seeking help from a specialist is essential. The patient must be fully aware of their condition in order to avoid illusions, to know what expectations to have from the specialist, and to understand their own contribution to their state of health.

For the specialist, evaluating the patient's health status is necessary for creating a plan, a recovery program, forecasting, and achieving positive outcomes. Achieving the goal of "better" for the patient can be accomplished through investigation, understanding, and accurate, comprehensive assessment by the specialist.

It is essential to establish a collaborative relationship between the specialist and the patient, as well as with the patient's family.

A thorough evaluation should be carried out by a multidisciplinary team (physician, physiotherapist, psychologist, occupational therapist, nurse), following the stages outlined below, each coordinated by one of the specialists mentioned above:

1.1.1. Triage represents the first contact a specialist has with a prospective patient. This contact can be:

- Remote (phone, email, intermediary, etc.), which is generally a method to be avoided;
- Direct, where the patient presents to the specialist with or without prior medical investigations.

Following the interview, the specialist must obtain certain key information:

- Medical history;
- Presence of any associated diseases;
- Previous treatments (medications, physiotherapy, kinetic therapy, etc.);
- Progress achieved so far.

If there are uncertainties regarding the patient's condition, the specialist may recommend additional investigations or examinations (specialist consultations, laboratory tests, paraclinical investigations, etc.). Based on these steps, it will be determined whether the patient can benefit from our services, and the process will proceed to the next stage.

1.1.2 Examination

1.1.2.1 Subjective Examination

The patient will be questioned about their underlying disease — the rheumatic condition — with particular attention to the mode of onset: acute or progressive.

Inflammatory rheumatic diseases have either a single acute onset or occur in flare-ups, while degenerative rheumatic diseases develop and progress gradually. Some rheumatic conditions may have an acute onset after prolonged exertion (e.g., scapulohumeral pathology) or after incorrectly performed movements (e.g., rheumatic pathology of the lumbosacral spine).

The presence of infection foci (throat, intestinal, gynecological, etc.) related to the onset or evolution of the disease is extremely important, knowing that chronic